JAMES E. RISCH - Governor KARL B. KURTZ - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

September 11, 2006

Kevin P. Ryan, Administrator Hillcrest Haven Convalescent Center 1071 Renee Avenue Pocatello, ID 83201

Provider Number #135018

Dear Mr. Ryan:

On August 16, 2006, a follow-up revisit of your facility was conducted to verify corrections of fire/life safety deficiencies cited during the survey of June 28, 2006. Based on findings during the follow-up revisit, Hillcrest Haven Convalescent Center was found to be in substantial compliance as of August 2, 2006.

Enclosed you will find a copy of the Post-Certification Revisit Report, CMS Form 2567B indicating that federal deficiencies K018, K025, K029, K038, K046, K047, K048, K050, K147 and K0155 have been corrected. Also based on findings of this visit, the state licensure tags C229 and C436 were found to be corrected.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

MARK P. GRIMES

Supervisor

Facility Fire Safety and Construction

MPG/dmj

**Enclosures**